Skilled Nursing Facility/Nursing Facility and Medicare-Medicaid Plan
Pre-Authorization and Authorization Processes
Commonwealth Coordinated Care

Information below pertains to all days and times of the week it is not restricted to after hours, weekends and/or holidays. The information below has been agreed to by all Medicaid/Medicare Health Plans participating in the CCC Program.

***I: Uniform Pre-Authorization/Authorization Process between MMPs and Nursing Facilities*:**

- There will be a clear identification of Commonwealth Coordinated Care (CCC) beneficiaries on the insurance card
- Each plan will have a database available to the SNF/NF centers for on-line verification of benefits
- All MMPs will use the CMS criteria for the SNF admission as outlined in Chapter 8 of the CMS Benefits Policy Manual criteria
- Each MMP will provide a list of home health, DME companies that are participating with MMP. MMPs will keep this list current on their web portals.
- All MMPs agree to a 7 day authorization. The SNF/NF shall notify the appropriate MMP via fax or web submission on the day of admission. The MMP and the SNF/NF will begin to work collaboratively on the case during that 7 day period to determine ultimate disposition and plan for the beneficiary.

II. Referrals from Community/ED/Observation Stay/Inpatient Hospital Stay/Home Health

- Physician Order that beneficiary needs inpatient SNF stay
- The following is required when a member is referred from the Community/ED/Observation Stay:
    - Physician Order;
    - History and Physical;
    - MDS;
    - Medication List;
    - Prior Level of Function; and
    - Projected discharge plan.
- Providers must submit via Fax or Online notification through the MMP web portal that patient met criteria and has been admitted
- PT,OT, ST-Evaluation must be completed at center within 48 hours of admission
- All MMPs agree to a 7 day authorization. The SNF/NF shall notify the appropriate MMP via fax or web submission on the day of admission. The MMP and the SNF/NF will begin to work collaboratively on the case during that 7 day period to determine ultimate disposition and plan for the beneficiary.
- The MMPs will make patient information available to the SNF/NF via the web portal. At this time, the MMPs cannot commit to implementing an electronic interface with EMR systems currently in use by various facilities.

III. Uniform update/review period -.

- The MMPs agree that after the initial 7 day authorization period, future decisions will be made based on medical necessity.

- The MMPs will notify the member beneficiary in the event of a non-coverage determination 48 hours prior to non-coverage... Facility is required to respond within 24 hours to requests for supporting documentation once an appeal has been initiated by the beneficiary. Coverage continues through denial or approval process.
- MMP and SNF must be an agreement on the discharge destination prior to 48-hour notice (patient has met goals and is safe to transition to the next setting)

IV. Patients in the NF Receiving Long Stay Services That Require Skilled Care and Meet SNF Criteria

- The NFs must have a physician order that indicates the patient needs skilled services. This must be faxed or submitted online to notify the MMP; this must be done within 24 hours of the change in status.
- The MMPs agree to authorize all care at skilled rate until care is determined not to be medically necessary.
- MMPs agree that all future authorizations will be done based on medical necessity.

V. Referrals from Community/ED/Observation Stay to a NF for Long Stay Services

- The following is required when a member is referred from the Community/ED/Observation Stay to a NF for Long Stay Services:
  - Physician Order;
  - History and Physical;
  - MDS;
  - Medication List;
  - Prior Level of Function; and
  - Projected discharge plan.
- Providers must submit via Fax or Online notification through the MMP web portal that patient met criteria and has been admitted
- PT,OT, ST-Evaluation must be completed at center within 48 hours of admission
- All MMPs agree to a 30 day authorization given at admission. The SNF/NF shall notify the appropriate MMP via fax or web submission on the day of admission.
- 30-day authorization given at admission.
- Database available that would interface with NF electronic medical record that updates could be sent on line (different system may be developed for those NFs not utilizing EMRs)
- Recertification for NF services by the attending physician annually.

VI. Patients no longer meeting Skilled Level of Care that are unable to be discharged safely into the community

Consistent with current DMAS practice the MMP agrees to work with the SNF/NF to develop a safe discharge for patients that no longer meet nursing facility level of care criteria. If there is no safe

alternative the MMPs agree to pay the NF at the established rate until discharge. Active discharge planning will be coordinated between the plan and SNF with weekly communication between the MMP and the NF to ensure that a safe discharge plan is following a reasonable timeline.

General footnote:
Parties agree to revisit this process after January 1, 2015 to see if it is meeting both the clinical and administrative objectives of both parties and agree to work cooperatively to resolve any issues.